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WYO-222(11/99)

LO#: \_\_\_\_\_

### Fact Finding Report

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ BYE: \_\_\_\_\_

Issue: \_\_\_\_\_

#### Claimant's Statement:

The above facts are true to the best of my knowledge. I am aware that this information will be verified and a copy of my statement may be given to my former employer(s).

Claimant Signature: \_\_\_\_\_

#### Examiner's Statement:

Enter LO number and address:

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Interview Date